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FROM

LECTURES

ON THE

PRINCIPLES AND PRACTICE OF PHYSIC,

BY DR. ARMSTRONG.

Theatre of Anatomy, Webb Street.

The following is an Abstract of Dr. Armstrong's Lectures on Chronic Affections of the Brain and Nervous System.

Dr. ARMSTRONG commenced by observing, that all the remote occasions of chronic affections might be ranged under three heads: inherent occasions, external occasions, and certain errors of ingesta; and he premised, that the pathological conditions of chronic affections, like those of acute or sub-acute ones, were few and simple, however complicated, at first sight, might be the various symptoms by which the existence of those conditions were indicated. So intimate, he said, were the relations between acute and chronic affections, that the practitioner who the most distinctly understood the nature and treatment of the first class would be the most likely to have most correct notions of the second class; and therefore, in the preceding lectures, he had endeavoured to give simple elementary views of acute affections, which he should now endeavour to extend, as far as the subject legitimately admitted, to the solution of chronic affections, some of which, however, he was ready to allow could not be explained by a reference to the doctrine of congestion, simple excitement, or inflammation, though one or the other of these conditions was indisputably connected with a large majority of chronic affections, as the sequel would show. He said he would observe the same order in illustrating chronic affections which he had done in illustrating acute ones, and should therefore begin with chronic affections of the brain and nervous system, treating them under certain subdivisions, in order to explain their particular as well as general bearings.

Chronic inflammation of the Brain, or its Membranes, with softening of the substance of the Brain.

Chronic inflammation of the brain, or its membranes, is much more common after than before forty years of age, though Dr. ARMSTRONG has seen several cases occurring in young persons. The causes which most frequently excite it are mental anxiety or over excitement, the free use of strong wines or liquors, repeated night-watching, great bodily exertion, irregularity of meals, and licentious passions; but sometimes it is the consequence of an acute inflammation, and occasionally it arises insidiously from blows on the head, especially when the diets or drinks had been disregarded for some time after such an injury. Some persons are more prone hereditarily to it than others, but a disposition to it is often laid, in advanced life, by an earthy deposit on the arteries within the head, a condition of vessels at least with which it is often connected. Chronic inflammation of the brain, or the membranes of the brain, is announced by pain in the head, which the patient generally refers to some particular spot. This pain is mostly continued, but in some cases it is only occasional in the commencement. It generally occupies a larger space, when the membranes of the brain are chronically inflamed, than when the substance of the brain is inflamed. After this pain has re-

mained for some time the patient becomes liable to pains about the neck, scapula, arms, or legs, so that the patient often supposes himself to be rheumatic; but these pains differ from those of rheumatism, in as much as they are not attended by any swelling. Dr. ARMSTRONG thinks this is a very important point to remember, for he has frequently known chronic inflammation of the brain, or membranes, overlooked by practitioners, under the supposition, that the pains and affection were altogether rheumatic, an error which has led to fatal results. When these pains have continued for some time the patient usually complains of creeping sensations, and then of numbness in the parts affected, which, after that period, gradually, for the most part, but sometimes suddenly, lose their power under the form of palsy; but long before the latter disorder occurs, the mind becomes depressed or irritable, and some of the external senses, especially the sight, are apt to be disturbed in their functions. Giddiness is a very common symptom in the progress of the complaint, under which the stomach is generally disordered, the bowels torpid, and the bladder either irritable or torpid. This affection terminates in palsy, in apoplexy, in low fever, or in some forms of madness, all which Dr. ARMSTRONG has witnessed.

On examining the brain after death, the membranes are mostly found more or less inflamed, and a portion of the brain is broken down, softened so as to resemble custard pudding or pulp. Dr. ARMSTRONG considers that this softening is generally the gradual consequence of a primary local inflammation, but he has occasionally found it a secondary one from an effusion of blood, or from an organic tumour. He thinks it is of the utmost consequence to be well acquainted with the symptoms which attend the first stage of inflammation of the brain, that which sometimes exists many days, weeks, or even months before the softening occurs as the ultimate effect. The pain in a particular part of the head, the pains resembling rheumatism in other parts of the body, depression or irritability of mind, giddiness, some visual weakness or disturbance, and creeping sensations or numbness, he considers the most diagnostic signs of that stage, and thinks, that when palsy has actually taken place, or when the functions of the mind have become decidedly disturbed, that the softening process has generally taken place, though he has seen a few cases which did well even after palsy had happened in the tongue, hand, or leg, but he considers such instances rather an exception to a general fact.

In the first stage of the disease, Dr. ARMSTRONG has great faith in bloodletting, mild aperients, a spare diet, rest of body, with quietude of mind, as far as the abstraction of all depressing and exciting occasions can be withdrawn; and, in proof of the complete efficacy of these measures, he adduced some cases, but remarked, that nothing could be done in the advanced stage, when the disorganization had actually taken place, but to palliate the symptoms by removing all opposing circumstances, such as errors in the regimen and mental management of the sick. Dr. ARMSTRONG passed some high encomiums upon ROSTAN, whose able work on this subject he strongly recommended to his pupils, as containing an excellent account of a disease which was very common in this country, and but little understood by the generality of medical men, especially those who had been educated under the nosological system still in vogue in our schools and colleges.

Inflammation of the internal Ear, affecting the Membranes of the Brain and the Brain itself.

Dr. ARMSTRONG mentioned, that inflammation of the internal ear sometimes spreads to the membranes of the brain, and even the brain itself, occasioning inflammation in both those parts. This affection, he said, most frequently arose from an inflammation of the fauces, extending itself along the eustacian tube into the internal ear, which was most liable to happen in bad cases of scarlet fever, measles, or small pox, or common chronic ulcerated sorethroat, but the inflammation occasionally commenced in the lining of the external ear, and finally, from that quarter, invaded the internal one, and ultimately reached the

brain. In such cases, the skin and mucous membrane of the intestinal canal are out of order, and, by consequence, the inflammation puts on an ill-conditioned character; the petrous portion of the temporal bone becomes carious, the dura mater is at length affected, and finally the brain. If such cases be mis-understood, or mismanaged, this is often the fatal result; but when they are clearly understood and well managed, they are often arrested in their progress, the patient's sufferings shortened, and his life saved. As this inflammation is generally maintained by a disordered condition of the skin and internal mucous tissue, the main object is to restore that to a healthy condition, by a simple diet, by the use of the tepid bath, by a fresh atmosphere, by early hours as to sleep, and a train of temperate and regular habits, aided by small doses of alkalies and an occasional mild aperient, where the bowels are not regular. Sometimes evacuations by the lancet or leeches are necessary, when the inflammation runs high, but this step is seldom requisite when the regimenal and mental management is judicious.

Apoplexy.

Apoplexy is occasionally the sequel of softening of the brain, but it is far more frequently the product of simple turgescence of that organ, often favoured by that tender condition of the vessels inside the head, which is so commonly found in those who die apoplectic, and which is the result of an earthy deposit between the coats of the arteries. A learned and excellent person had written a work on apoplexy, in which he had given the opinions of almost all authors on the subject, and like them, he had come directly to the symptoms of the attack itself, as if it were not only sudden but unpreceded by any warnings. But the truth was, that, generally, the attack was distinctly announced for several days, and sometimes weeks, and this was a fact most important to be known, as the attack itself might commonly be warded off by acting on a right knowledge of the premonitory indications. The indications usually are,—fulness, weight, tightness, heaviness, pain within the head, or giddiness, weakness of sight, or some other defect, noise in the ears, coldness or numbness in some of the extremities, depression of spirits, a fearfulness or confusion of mind, palpitation of the heart, nervousness, and oppression about the precordia.

Dr. ARMSTRONG considers the immediate attack to occur under two circumstances, either under depression or excitement. When the attack arises from depression, the skin is cold and the pulse small and feeble; but when the attack arises from excitement, the skin is hot and the pulse expanded and strong. An intermediate variety also exists, in which the temperature is nearly natural, and in which the pulse is flagging and oppressed, as if by a load. Dr. ARMSTRONG thinks these distinctions important in a practical point of view. When the skin is universally cold, when the pulse is thready and the respiration weak, he thinks that the use of the hot air bath to the surface, and of some diffusible stimulus to the stomach, should precede the employment of the lancet; but in the two other cases, when the skin is hot and the pulse expanded, or when the temperature of the skin is nearly natural and the pulse flagging, bloodletting should at once be boldly adopted, to the relief, if possible, of all the urgent symptoms. Dr. ARMSTRONG noticed, that most very sudden deaths depended, not on apoplexy, but on diseases of the heart, for that in apoplexy patients generally survived the attack several hours, or sometimes even days, except in those cases where the rupture took place extensively in the *cerebellum*, and then, he believed, that the death was almost always very sudden. But Dr. ARMSTRONG dwelt at some length on the necessity of preventing the attack in those cases where fulness of the brain announced its approach; for this purpose he recommended bloodletting, purgatives, and a strictly abstemious diet, and he spoke particularly of the efficacy of the last, and of the great utility of the abstraction of all diffusible stimuli.

Palsy.

He considered palsy under three divisions,—first, as arising from an affection of the brain; secondly, as

arising from an affection of the spinal cord; and thirdly, as arising from an affection of some particular nerve. When palsy arose from an affection of the brain, that affection might be various; sometimes it was softening from chronic inflammation, and then the palsy was preceded by pains, creeping, and numbness in the part, in short, the palsy then came on gradually; whereas, when it arose from simple turgescence of the brain, it was preceded by signs similar to those which preceded apoplexy, and the attack at last came not gradually but suddenly. The affection of the brain in either case was generally opposite to that side of the body which was affected, and when one side was affected, it was denominated hemiplegia. Dr. ARMSTRONG noticed one modification of palsy, which he had seen arise in cases of great exhaustion from the patient falling into syncope, on the recovery from which the tongue, or one side, was left paralytic. He adduced some cases of this kind, and cautioned students against allowing patients to get up again into the erect position, whenever they had then complained of dimness of sight, giddiness, sickness, or faintness. He had seen, he said, similar cases occur from patients having been retained too long in the erect position after copious losses of blood. This form of palsy was generally connected with an effusion within the head, and apparently arose from the collapse of the heart, the venous blood, meanwhile, being impeded in its return from the brain. Dr. ARMSTRONG noticed, that paraplegia, or an affection of one half of the body transversely, sometimes depended upon an affection of the brain, but according to his observation, it was more frequently the effect of softening of some portion of the spinal cord, and that again was the effect of chronic inflammation of that part. Chronic inflammation of the spinal cord, or its membranes, might exist in the cervical, dorsal, or lumbar portion. It was denoted by pain in the part affected, by wandering pains and then numbness, or tingling down the upper or lower extremities, or through the muscles of the trunk, followed by loss of power in the upper or in the lower extremities, according to the seat of the chronic inflammation. He also pointed out an affection of the spinal column itself, which POTT had well described, and which, arising commonly as a secondary affection of some disorder of the primæ viæ, generally attacked the bodies of the vertebræ; so that in process of time a curve outward was the consequence, with weakness and at length loss of power in the upper or lower extremities, according as the affection happened to be seated in the upper or lower portion of the spinal column. The partial palsy which arose from an affection of a particular nerve was also various as to its origin, for sometimes the cause was a tumour in the course of a nerve, or some similar pressure, and sometimes it was simple inflammation of a nerve; and he gave some instances of paresis, or partial palsy, to illustrate the influence of each of these causes. With respect to the treatment of palsy, it first consisted in the prevention; secondly, in the removal; and thirdly, in the palliation. When palsy was preceded by chronic inflammation of the brain, or its membranes, the removal of that inflammation, before softening occurred, would prevent the attack, and when it was preceded by simple turgescence of the brain a similar plan would be alike successful. When the attack had once decidedly taken place, the recovery was always doubtful, where the head was concerned; but he had seen several cases in which patients had recovered the use of the affected limb by perseverance in an abstemious diet, occasional bloodletting, local or general, and mild aperient medicines. When inflammation of the spinal cord preceded the seizure, the prevention depended upon the ordinary measures; and when the attack had occurred from that cause, still the treatment should be of a subdued anti-phlogistic kind. But when the palsy depended upon a disease of the bones of the spinal column itself, then rest in the recumbent posture, a fresh atmosphere, a regulated diet, and an occasional gentle alterative and aperient, with perfect cleanliness, were the most efficacious measures. The value of these was indisputable, whereas the use of caustic issues was doubtful, some having much, and

others no faith in them at all. In truth, this affection being generally a secondary one of some irritation on the mucous surface of the primæ viæ, the cure depended more upon the removal of that, and upon taking off the weight of the trunk through rest than upon any other means; in corroboration of which some examples were brought forward. The partial palsy was to be relieved by the removal of its cause, only it was to be remembered, that partial palsy did not always depend upon a mere local affection of a nerve, but was oftener the effect of some serious affection of the brain, of which it was a monitor not to be neglected for a moment in many cases. The history of every instance, therefore, should be minutely investigated, by a reference to the physiology of the parts concerned, so that the cause may, if possible, be correctly ascertained, and a correspondent treatment pursued. No folly was greater than that of supposing the same name always implied the same conditions, for the symptoms on which that name was founded might be similar, yet the condition on which that symptom depended might have a different seat and character.

Dr. ARMSTRONG noticed, that paralytic affections from the brain were far more common among those who took wine and ardent spirits than among those who drank nothing but water; yet he admitted that many other remote occasions, and especially mental excitement, was connected with the origin of such complaints, which were therefore more common in large towns than in the country, where the mind was less agitated in the main.

Epilepsy.

Dr. ARMSTRONG distinguished two modifications of epilepsy, one which arose in children, and which was connected with irritation of the mucous membrane of the intestines; and another which arose in adults, and which was connected originally with an affection of the brain. That which took place in children could generally be cured by a strict regulation of diet, by mild aperients, with small doses of alkalies, and by an alterative now and then, when there was a deficiency of bile. But that which occurred in adults was far more difficult to manage, though sometimes it admitted of a cure, but more often only of palliation. Whatever exhausted or excited epileptic adults, did harm, and therefore copious evacuations on the one hand, and stimulants on the other, were alike to be avoided. That diet was best which supported the strength without producing any excitement, or without disturbing the stomach. Dr. ARMSTRONG had seen various medicines tried, but upon the whole he had seen none very decidedly beneficial, except the arsenical solution, which in some instances had arrested, and in others mitigated the disorder, where the diet had been rightly managed, and when the mind had been kept tranquil, the last of which was an essential point towards insuring success.

Dr. ARMSTRONG related the case of a female subject of epilepsy, in whom the fit occurred very repeatedly, while she was harrassed by an ill-tempered person, but who got entirely rid of the disease when she was placed in a comfortable situation. He had also seen some cases which occurred from hard drinking, and some from the indulgence of licentious passions, which had in like manner been removed by the removal of the exciting cause. In regard to the morbid anatomy of epilepsy, it had been extremely unsatisfactory to Dr. ARMSTRONG, the appearances having been so different in different cases, that with the exception of congestion or effusion, he had not been enabled to come to any satisfactory conclusion as to the pathological condition from which epilepsy arose.

Tetanus.

Tetanus was either idiopathic, or symptomatic. It was idiopathic when it appeared independently of any local injury, as from cold; it was symptomatic when it followed a local injury, such as a punctured or a lacerated wound about the hands or feet. But it was clear, that, whether idiopathic or symptomatic, some concurring state of the system must exist to favour the rise of tetanus, since cold applied, or since a local injury sustained under ordinary circumstances, did not give rise to this affection.

Dr. ARMSTRONG observed, that many years ago the negro infants died of locked jaw, at Jamaica, on the plantation where an acquaintance of his practised, in such numbers, that an inquiry was instituted as to the cause of death. It was found, that owing to some superstition, the breast had not been given at the natural period, that the meconium for the same cause had not been purged off, and that, moreover, the food was crude, and the air of the apartments close. On correcting these improprieties, the tetanus disappeared, which clearly showed, that some constitutional disturbance had been generated by that of the primæ viæ, which, concurring with the irritation at the navel, had brought on the attack. Dr. ARMSTRONG also showed how important it was, in a preventive light, to avoid all the sources of intestinal and other irritation, after any suspicious injury, and stated the remarkable fact, that by such a procedure, and the application of the rectified oil of turpentine, under the form of an unguent, an experienced friend of his had warded off many attacks of tetanus, which, to say the least, had been very common in his practice at Grenada, before he adopted these precautionary measures. When tetanus merely attacks the muscles about the neck and jaw, it is often recoverable, but when the other muscles are also affected, it is a most formidable affection. The morbid anatomy was various, but the brain is mostly somewhere discoloured, with congestion of the lungs and mucous internal membranes, probably in part the effect of the convulsive pressure of the muscles on the external veins, as happens in hunted animals.—He thought that those patients had the best chance of recovery, who were mildly treated, and nursed, as it were, through the disease. In illustration of this, he detailed the result of the experience of two of his friends who had practised extensively in tropical climates, both of whom had been more than commonly successful by doing less than had been usually done in such cases. Their plan was, moderate and repeated doses of opium, occasionally laxative enema, light nutriment, and stimulating friction in the course of the spine, together with every attention to the state of the mind, allaying apprehensions and inspiring confidence in the remedies employed. Dr. ARMSTRONG related one case which had recovered, under his own care, from a milder mode of treatment than that usually adopted in this country; but, as in the present state of knowledge, a large majority of cases was mortal, he urged the necessity of endeavouring to prevent the occurrence of the attack, by studiously avoiding all causes of irritation after an accident.

Chorea.

Dr. ARMSTRONG considered chorea to originate in irritation of the mucous membrane of the stomach, or small intestines, together with a disordered condition of skin, and a consequent torpid or irregular state of the liver and colon. In the progress of the complaint, the spinal cord and brain become distended, so as to affect the motion, and at last the intellect. He spoke highly of the laxative plan recommended by Dr. HAMILTON senior, and said that he had never known it fail, except in two cases, where the aperients were mild, occasionally conjoined with an alterative, where the diet was at the same time properly regulated, and the functions of the skin restored by a tepid shower bath, and the influence of a fresh atmosphere. He related a curious case, in which not only purgatives, but the arsenical solution, the sulphate of zinc, and various other measures failed, but in which music had the effect of procuring sleep daily, and at last of removing the disorder altogether. He cautioned the pupils against the free use of the lancet, and adduced a case in which it had nearly proved fatal; but he asserted, that he had seen moderate leeching useful in some cases where the intestinal lining was distinctly in a very irritable condition. He thought it of great consequence in this and many other nervous affections, not to direct the attention of the patient's mind to the complaint, for it was thereby apt to be greatly increased, as any one might easily perceive, when they made many inquiries in succession as to the motions. The

cure of this complaint could seldom be accomplished under any plan in less than about six weeks or two months, and if the diet was neglected, it would generally continue much longer.

Hysteria.

The foundation of hysteria was laid in an excess of sensibility, sometimes associated with local irritation, especially about the mucous membrane of the intestinal canal, or the mucous lining of the uterus, the latter being an affection much more common than medical authors have supposed. In the prevention and cure of hysteria, Dr. ARMSTRONG thought it was of the utmost consequence to bear the two forementioned circumstances in view, for by lessening the general sensibility, and removing the local irritation, this affection, when not associated with any other, might be readily removed. The most common exciting cause of hysteria is some strong mental emotion, and the affection is often protracted day after day, week after week, by the sympathy of attendant friends, which is the very food of hysteria. Dr. ARMSTRONG related several cases which he removed, merely by attending to the mental management. He detailed one in particular, where the patient had been ill for upwards of two months, the hysteria in that time having assumed various forms, and having at last put on a violent convulsive character, which so alarmed the friends, and even the medical attendants, that she was watched day and night by three or four attendants. Dr. ARMSTRONG removed these attendants, placed an old nurse by the bed side, and told her not to take the least notice of the patient whatever might happen. Shortly after, a strong convulsive fit occurred, so that the patient tumbled out of bed upon the carpet. The old nurse let her lie, and when she had recovered from it, rebuked her for being so foolish as to give way to such fantastic fits. The patient had no return of the affection, and the father was so much surprised, that he said, if any mystery had been used, the case might have been deemed miraculous. He mentioned several similar cases, and remarked, that they must be familiar to all observant practitioners, and showed how easy it might be to deceive the public by operating through the medium of mind, if men were disposed to play such a part as the impious impostor Prince Hohenloe, whose monkish pretensions had made such a noise amongst the ignorant. With respect to any medical treatment, Dr. ARMSTRONG thought it should consist entirely in the removal of any local irritation which might exist, which, however, should be done by the mildest measures, as hysterical women seldom bore copious evacuations without an increase of that sensibility upon which the affection mainly depended. Exercise in the open air, a simple diet, early hours as to sleep, a due attention to the bowels, and a right regulation of the mind, he considered as among the best means of preventing a return of the affection, together with an avoidance of that open and declared sympathy on the part of friends, by which it is so frequently supported. At the same time when a medical man recommends this plan, he should clearly explain his motives to the attendants, otherwise his conduct might seem harsh, however humane it was in reality.

Hypochondriasis.

Hypochondriasis, mentally considered, Dr. ARMSTRONG regarded to be distinguished by an exclusive and selfish attention to the personal feelings, so earnest and undivided, as to be very apparent on the first interview with the hypochondriac. To this state of the feelings some persons were strongly disposed by original structure, but it was frequently acquired. Sometimes it was associated with that general disturbance of the nervous system which is so apt to be induced, in sensitive frames, by the worry of the world; sometimes it was connected with local irritation, especially of the mucous membrane of the stomach, accompanied by an overloaded colon; and sometimes it was produced by men taking an erroneous view of their own case, supposing it to be really serious, a circumstance very common amongst medical men, when their strength happens to be

broken up, and when, at the same time, occasions arise to make the mind anxious. In some instances, hypochondriasis is connected with organic affections, but this mostly happens in old persons, and seldom occurs at an early age, the looks of the hypochondriac often belying the woeful tale which he so repeatedly relates. The cure of hypochondriasis is to be accomplished by rightly managing the mind of the patient, and by removing, by mild means, any bodily irritation which exists. Dr. ARMSTRONG warned his pupils not to indulge such patients in wishes to take a great deal of medicine, but to appeal to their common sense, so that they may, at the commencement, withdraw the mind from the contemplation of themselves, and fix it upon some external object with interest sufficiently intense, as a diversion from the distemper. Few persons who take regular exercise in the open air, who moderate their wishes, and who endeavour to live for others rather than themselves, become the decided subjects of hypochondriasis.

When illusions occur in hypochondriasis, DR. ARMSTRONG thinks it no longer deserves the name, being then a modification of mania, which he would consider in his next course of Lectures, under a medical, moral, and metaphysical point of view.

Nervousness.

DR. ARMSTRONG thought that there was such a condition as general nervousness, without its being referrible to the existence of any particular local affection of the nervous system. He instanced the state induced in some persons by copious losses of blood, or by want of sleep, in which a pulsation was perceptible in almost every artery of the body, accompanied by great excess of sensibility. This condition was best removed by passive exercise in the open air, by a tepid shower bath, by a light nutritious diet, and by a very moderate allowance of wine, or some other diffusible stimulus, and the occasional exhibition of an anodyne and laxative. But Dr. ARMSTRONG noticed, that as nervous sensations were frequently mixed up with serious affections of the brain, heart, stomach, liver, or intestines, so a medical man should be most assiduous in his examinations, lest he overlook them, and put the patient upon a treatment the reverse of that which ought to be adopted. He advised his pupils to be most guarded in the use of language, since in medicine mere sound was often substituted for science, with which many of the profession and of the public were alike deceived. He thought that much good might be done by well informed and honest practitioners endeavouring to train the public to a right manner of putting questions as to the real nature of disorders, and the conditions of structure on which they depend; for as modern pathology was very simple, so it was readily to be comprehended, and being in some degree familiar to the public, that mystery of words would soon be banished, by which many medical men make their way, almost ignorant of every thing substantially useful in the principles and practice of physic. Dr. Johnson long ago observed, that the history of some successful physicians would be very amusing as an exhibition of the arts and chances by which they rose; and certainly if such a biography were faithfully written, it would prove that some of the most shallow men in the profession had gained the confidence of the highest classes, and kept it too, by the cant of technicality, the art of concealing ignorance, and of pleasing at the same time; so little have the public hitherto been enabled to estimate the comparative merits of the medical men in whom they confided their health and their lives.

LECTURES

DELIVERED BY

MR. CRAMPTON

IN THE THEATRE OF THE NEW MEATH HOSPITAL, DUBLIN.

LECTURE 3.

On the Venereal Disease.

GENTLEMEN,

BEFORE I proceed to enter upon the topics which I intend to discuss in this lecture, I may observe, that next week, when I meet you at the Royal Infirmary, I shall be able to show

you cases illustrative of all the principles which I have already advanced. There is in the house, at the present moment, a case of the real Hunterian chancre, of which Mr. ABERNETHY deplores the loss. The man is now in the eighth week, and he has not taken any mercury. A bubo has appeared, and we shall have an opportunity of seeing how far local treatment will succeed in effecting a cure, and whether secondary symptoms will eventually appear. I will also show you cases of syphilis in which secondary symptoms occurred while the constitution was strongly impregnated with mercury. I have, gentlemen, during this course, dwelt more upon metaphysical principles than practical precepts, because it is in medicine as in life, good principles will bear us out in the end. A surgeon who merely rests his practice upon that of others, and upon the precepts of those who have gone before him, may as well be styled an intelligent surgeon as the man who merely reads and follows CHESTERFIELD might be called an accomplished man. Believe me, gentlemen, principle is the great thing in medicine as well as in life.

Treatment of Chancre.

The definition of chancre should be given in the widest terms. No sore, which appears after connexion, can be positively pronounced a chancre or not. Now if I find a sore upon the genitals, possessing the usual characteristics of chancre, which is likely to affect the system and to produce secondary symptoms, I pursue the following plan:—On the first day of its appearance I lay on it a small pledget of lint, having dipped it in rather a strong solution of the sulphate of copper (xx. gr. ad ℥j. aquæ); I then enjoin absolute rest. On the second day I give the patient a weak wash of Goulard's lotion. This allays the inflammation which the sulphate of copper may have excited. I also order a purgative of calomel to be taken in the evening, and an ounce of salts on the following morning. If on the third day I find the sore not healed, I touch it with a camel-hair pencil, dipped in a solution of sulphate of copper, half the strength of the former. If after two days more, and the sore is healed, I resort to no other treatment; but if, on the contrary, I find it surrounded by an areola of inflammation, and the hardness of the edges remains, I immediately commence giving the patient mercury. Instead of the solution of the sulphate of copper, I order the black wash, and give five grains of blue pill, and one-third of a grain of opium three times a day. If the patient be unable to take mercury by the mouth, I order him to rub in the ointment; you can throw in more mercury by the skin, and it is a much better and safer way, than by the stomach and bowels. When you do give mercury by the mouth, there is a practice recommended by Mr. PEARSON, which I have found extremely useful in preventing cramps of the bowels, which are often occasioned by this medicine, it is simply to order your patient to take three or four pepper-corns in the course of the day; it is a practice I can recommend to you from experience. The practice of destroying a chancre by poison is founded upon this principle, that according to the size of the sore, and the length of time it remains open, the greater danger will exist of having secondary symptoms; but if, in attempting to destroy the surface of the chancre, you promote the absorption, it is plain that you do a great deal of mischief. The objection which I have to the employment of the lunar caustic in destroying a chancre is this—that it never destroys the entire of the sore; the inflammation which it produces increases the activity of the absorbents, and, nine times out of ten, you will have a bubo in the groin. I employ, then, the solution of the sulphate of copper on these occasions, for it effectually destroys the sore and does not promote absorption. The simplest treatment, indeed, is excision, provided the situation of the sore will permit it, and it is practised upon the same principle as when you cut out the part bitten by a rabid animal. It occurred to me to give excision a fair trial in the Lock Hospital, and I therefore selected nineteen cases of recent chancres, and excised them all; seventeen of them healed, two remained open, to which I applied caustic and gave the subjects of them mercury—both healed. When dismissing these patients, I told them to return

if any other symptoms should appear, but not one of them returned. I may then safely conclude, that in the greater number of these cases secondary symptoms never appeared. I do not, however, recommend excision as a general practice. I would much sooner use arsenic as a caustic, to destroy a chancre, than nitrate of silver; and I do use it, reduced to a fine powder, with which I fill the whole cavity of the chancre. In such cases do not give mercury, except under the rules already delivered. Once for all, I assure you, if you are intent upon giving mercury there is no middle course; you must either give it fully or not administer it at all. I can say, from experience, that what is called the alterative plan, has caused more mischief than you can imagine; and the reason is this, if you fail in destroying a chancre by caustic, absorption proceeds. If you then give mercury on the alterative plan for a week, the patient is quite well to all appearance; the disposition, however, to secondary symptoms is formed, and the moment you leave off the blue pill the patient begins to complain of sore throat; eruptions now come out, and all these symptoms appear in a constitution no longer in a fit state for the exhibition of mercury; in fact, the constitution is loaded with it, and if you commence giving it anew, and that the patient has a sore in the throat, instead of healing it you convert it into a slough. I saw a man who was lately treated on the alterative plan; there were some local applications to his chancre, and he had a few pills; he had afterwards a sore throat, and he then took twelve pills more, the consequence was, that the throat was converted into one frightful slough. I speak without qualification when I say, there is not a single bad case at present in the King's Infirmary which cannot be traced to the alterative plan. If, in the course of a few days after I commence giving the mercury, I find no sensible effects produced by it, I increase the dose until a copperish taste is felt in the mouth; before this the bowels are usually constipated, the pulse becomes quicker, &c. I then suspend the use of mercury and order some castor oil. The moment the mouth becomes sore, use the spirit gargle; I can recommend it, from experience, as the best. If the chancre now throws up healthy granulations, and its edges contract, you may apply simple dressings, and should the granulations become exuberant, touch them with the lunar caustic. If the patient's mouth, while he is taking mercury, should become so sore as to render eating inconvenient, you should suspend the administration of the medicine, and commence again after four or five days have elapsed; by such means your patient will be able to take four times more mercury than if you endeavoured to throw it in at once. If the chancre, as often happens, perforates the frænum, you may slit it up with a scissars. If, however, it should perforate, as it sometimes does, the urethra, the urine escapes into the corpus cavernosum, and urinary fistulous sores are produced, which mercury, instead of healing, exasperates in the highest degree. You must, in such cases, suspend the use of mercury, and introduce a catheter into the bladder, and by local means try to heal these sores. There are more complicated cases to which I may briefly allude; for example, if persons of an irritable habit, who have sores on the penis, and who are taking mercury, walk out, indulge in drinking, or expose themselves to wet or cold, the chancre assumes a new character; the surface becomes greenish, the edges elevated, red, inclining to purple, and the surrounding parts assume a purple hue. You must here instantly discontinue the mercury, should these symptoms even occur as early as the third day. Put the patient to bed, purge him well, and bleed from the arm; opium will afterwards be found serviceable. The best local application you can adopt will be the nitrate of silver, in fine powder, to the sore. In Guy's Hospital, nitrous acid is used in the proportion of forty drops to a quart of water.

Phymosis is a common attendant on chancre when the inflammation runs high. The treatment consists in this: first confine your patient; for if you allow him to walk about, a gangrenous erysipelas of the prepuce will be induced; put him then to bed, bleed and purge him well, and use the aqua calcis as an injection; apply fomentations, hot or cold, according

to the sensations of the patient. If leeches have been applied to the part, do not use Goulard's lotion, as it will convert the leech-bites into troublesome sores. If, after you have tried these means, the phymosis still continue to confine the matter, slit up the prepuce and clean away the discharge from the glans. But the truly embarrassing phymosis is that occurring in a constitution strongly under the influence of mercury. You may be almost certain, in such a case, of having gangrene. The treatment is unsettled; some advise you to divide the prepuce; others say, that by so doing you will bring on gangrenous erysipelas. The best plan is to suspend the use of mercury immediately; to inject and wash out the prepuce; to purge the patient, and to put him in the warm bath; bleed him, if he be of a full habit; if not, use local bleeding. Spontaneous hæmorrhages sometimes supervene in this disease; leeches do not well supply the place of such evacuations. In such cases do not use mercury, it acts as a deadly poison. The medicine usually employed at St. Thomas' Hospital, London, is musk and ammonia; opium will be afterwards found serviceable. The plan of treatment will depend much on the habit of the patient; warm fomentations will be found agreeable and useful; bark is decidedly injurious. When a slough appears, apply the fermenting poultice; balsam of copaiva I have also found a very useful application.

Paraphymosis is neither so frequent nor so dangerous as phymosis. The best plan is to endeavour to reduce the glans by pressing it with the fingers and thumb of your right hand, while with your left you draw the prepuce over it; if, however, the attempt give much pain, do not use violence, but introduce a bistoury under the stricture, and, by dividing it, free the glans.

New forms of disease often arise during the exhibition of mercury, and attack the chancre. With respect to them, I have ascertained the following facts:—In venereal cases, when mercury has been long employed, or under unfavourable circumstances, diseases called mercurial arise. I am of opinion that such sores partake of the errors of the constitution; for in scrofulous habits venereal sores will often assume this character, and also, of the herpetic. This I have ascertained in the Lock Hospital, where the poor admitted were also generally afflicted with herpetic eruptions. I find, on reference to my case-book, five in whom herpetic sores had recently existed, with the remains of large cicatrices, and in whom the venereal sores evidently partook of the nature of the herpes exedens. These sores will spread while you continue mercury; when, however, you cease to exhibit it, they will heal under any or no treatment. When mercury is taken in considerable quantities, but irregularly, the surface of a chancre will often become green and uneven, and the granulations will appear to be dying away. If, while you are giving a patient mercury, a chancre should put on such an aspect, you must immediately suspend the use of the mercury, nor can you commence giving it anew, even though secondary symptoms and sore throat should appear; for though mercury will cure your patient's sore throat, it will inevitably destroy his penis; and while the sores on the palate and fauces would be in progress of healing, those on the penis would be rapidly spreading. This is a truly embarrassing and distressing dilemma, and the best way to manage, I think, is this:—If the patient be still under the influence of mercury, the ulcers in the throat will not spread rapidly, and you may devote your entire attention to the penis. You should then advise a change of air, light diet, the use of sarsaparilla and the woods. But the great thing is the local treatment; destroy the whole surface with the arsenical powder; when the slough has separated, touch the sore with the nitrate of silver, and you will probably heal it in a few days; then begin to give the patient mercury. Bad, however, as his throat may be, do not commence the administration of the mercury until the penis is safe, for there are few men but would sooner sacrifice their throat than their penis. (A laugh.) At our next meeting, Gentlemen, we shall conclude this subject.

JEMMY COPLAND.

——in publica commoda peccem,
Si longo sermone morer tua tempora, Copland.

My dear James,

You must excuse the brevity indicated in the motto to this address. The labour of reading or writing long letters in this warm weather should be as strictly prohibited by the laws of fashionable etiquette as the dangerous exercise of dancing waltzes or quadrilles. Summer, you are aware, is the season of the body, not of the mind—of corporeal repose, not of intellectual exertion. It is a time sacred to idleness, and should not be profaned by any species of mental or manual operation. It is the grand "Passover" of authors, when they exchange their books for brooks; emerge from groves of chimneys to enjoy the "green-wood" shade. Hence you may have observed, that all the periodicals decline in wit as the sun takes a higher station in the heavens, and that, for some time before and after the solstice, the genius of the age, like the songsters of an eastern grove at noon, seems to be in a state of suspended animation. There is, indeed, a degree of irreverence offered to Nature, if not of personal risk too, incurred, in disturbing the animal economy during this great sabbath of the year, by the tumult of argumentation, or in rousing the mind from its luxurious torpor, at a time when to think is labour, and to write is pain; when the effects of an antithesis might prove fatal from over excitement, or an epigram might operate on the brain like a "*coup de soleil.*" Instead of extending the limits of physiology, or deciding the fate of some new aspirant to medical fame, I should expect to find you *lentus in umbra*, at some villa in the vicinity of London, discussing may-duke cherries, or strawberries and cream. Your pen, I dare say, is but seldom resumed in these sultry hours, and, indeed, whatever it has performed since their commencement seems to be characterized by the universal languor of the times. It was only the other day, in reading over one of the late lucubrations of your drooping muse, that I entertained myself by conjecturing the circumstances under which it must have been composed, and the causes that must have produced so perfect a specimen of mental relaxation, I immediately pictured to myself the celebrated editor of the Repository, James Copland, Lecturer, *de omnibus rebus et quibus edam aliis*, with titles little less than the great Tippo Saib, brother to the sun, moon, and stars, recumbent in his critical chair, the book under review thrown half cut and carelessly on a desk before him, the mercury in the thermometer standing at 82°, his body in a state approaching to liquefaction, the big drops chasing each other down his comely face, his eye-lids weighed down with sleep and dulness, the pen just escaping from his unconscious grasp, while the reputation of the author upon whom the repositorian rhodomonthus was supposed to have been employed was silently evaporating in the sun-beams that danced over the surface of the half-finished review, to the drowsy accompaniment of rather an audible snore. Have I or not "o'erstepped the modesty of nature" in this imaginary sketch? If so, I must only plead partiality to you in extenuation of the offence, since in no other manner would my feelings permit me to account for the *lullaby* effects produced on me by a perusal of the articles alluded to, than by referring the pleasing phenomena I experienced to the oppressive influence of the season upon you while composing. But hot or cold, James, we must supply food to that mighty devourer—The Press, which, like the demon in Vatheck, incessantly cries "more, more," in proportion to the quantity consumed. Being considerably in advance of me, by reason of sundry causes specified above, there is no time to be lost on the ceremony of introduction. I shall, therefore, merely delay the proceeding while I express my regret for that neglect which has left me so long your debtor, and also my intention of compounding with you on the present occasion for all arrears, by proving to your satisfaction that, though tardy in my payments, I stand in no need of an act of critical insolvency. Either two or three numbers of the Reposi-

tory, or as it has been more classically designated by our mutual friend, the Editor of THE LANCET, "The Mausoleum," have been distributed amongst a select circle of your old subscribers, but I mean to confine my observations to those which ushered in the months of June and July, and to notice some other matters incidentally, which of late have occupied no small share of public attention. And here it may be observed, that there is some advantage in waiting the termination of these conflicts, which weak mortals so often wage about trifles, and which irresistibly remind the neutral spectator of the "Bartro-muo machia," or the battles of the "frogs and mice," by Homer. For now that Dr. MACLEAN has ceased to *bore* the House of Commons with petitions about contagion; that Mr. CRAMPTON no longer "winds his mellow horn," about cruelty to animals; that the Morning Herald, and its voracious correspondents, have given up MAGENDIE as incorrigible; now that the din of this wordy war has subsided to the breathless stillness of peace, you and I, James, may walk the field of action, examine the various positions of the belligerents, see the effects of a fact here, an argument there; mark how a well-timed adverb turns the scale of victory, and "verbs drive verbs along," as becomes us rational men, and philosophize in our journey on the vanity of human exertion. What in the end have their labours come to? Contagion continues the work of destruction, and silly men (O nefas!) to believe in this wicked creed; refractory animals are still subject to the awful visitation of their masters' correction; and MAGENDIE (cruel man!) experimentalizes on dogs, as if he had never been denounced a monster by the British press. You see into what a scrape MACLEAN has brought his retainers, the English merchants, by his raving about contagion! No sooner was quarantine relaxed at home than it was, as if by way of retribution for the folly of the measure, enforced with tenfold severity abroad. Is this fact without an inference, or is it probable that the medical men of these countries, best circumstanced for the study of this disease, would have advised their respective governments to adopt such precautions? It requires no Œdipus to solve this question. The grand argument (into which this Magnus Apollo of the non-contagionists has resolved all his force,) of the destruction of mankind, may be worth analysing, as it has passed current through all the newspapers as a self-evident truth. First then, it would be necessary, in order to give this argument a fair trial, that all men are equally susceptible of being affected by contagion, a case that is contradicted by experience; secondly, it would be indispensable that men should be placed under circumstances favourable to the operation of contagion, a thing not likely to take place: and, thirdly, that the effects of this homocidal syllogism should be completely developed, a continuity of contact should be established between all mankind, a circumstance which could not occur as the world is at present constituted. But taking the Doctor's opinion of atmospheric influence, and examining it by his own test, how comes it to pass that the inhabitants of any city, town, or village, infected by the plague, should not suffer alike? The atmosphere must be the same to all; or suppose that there exists in certain parts of such places a focus from whence the mischief originates, why does any man, woman, or child, then, at least, escape infection; or, having received the infection, ever become convalescent, as long as they reside in that particular place? Why, in such cases, do not similar causes produce similar effects, until the disease, by repeated attacks, at length brought its victim to the grave. This, James, is what I cannot understand, and you must therefore excuse the expression of my ignorance. I am heartily sick of MACLEAN and contagion, and, I suppose, that MAITLAND's letter will at length rid us of both pests. Mr. CRAMPTON, too, has been entertaining the public at the expense of his reputation, by writing letters for the instruction of the "dog and bull" philosophers. Now only think of such a man as Mr. CRAMPTON, who, to my own knowledge, has destroyed as many hares, foxes, grouse, partridges, and snipes, with various other bipeds and quadrupeds, as, if converted into cash in Covent-garden

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musket, would freight a man of war with Repositories, writing letters on cruelty to animals. Of all *malice prepense* I freely acquit Mr. CRAMPTON in these amusements, but that a huntsman and a fowler of the "first water" should prostitute his pen for the support of a club of cur philosophers, in the teeth of such notorious facts, "out-herods Herod." I was, indeed, deeply affected to hear, that the British faculty intended to give an opinion, as a body, condemnatory of the usage of experimenting upon living animals. Are we for ever to wage war with the scientific as well as the political court of France; abuse foreign customs, and profit by them at home? You will readily perceive, that I allude to the disgraceful attacks made upon that incomparable physiologist MAGENDIE, by English writers. We should, indeed, James, be ashamed to belong to a profession that could treat so eminent a man in so scurvy a manner. Are not his discoveries an answer to such ridiculous twaddle? Is not the splendid work of Orfila a refutation of all the balderdash that was ever written upon this subject? If any man will have the hardihood to tell me that MAGENDIE has a pleasure in the torture of these animals separate from the desire of extending human knowledge, I will be the first to vote him a monster unfit for the society of men or brutes. And there is the interest of all students aspiring to a knowledge of physiology,—is that too to be sacrificed to the sensibility of the age? Suppose I proposed to perform a series of experiments, in which the lives of a certain number of dogs and cats were to be lost, was I for this offence to be sent off, at the prosecution of an old maid for stealing her lap dog, to Botany Bay, or the Tread-mill? On a jury who would find a verdict against me, on such grounds, I would inflict no greater punishment than that they should all die without "medical aid." My feelings are not the most obtuse, but at any moment, if it were in my power, I would have no hesitation whatever to become dog-stealer, dog-butcher, or cat-catcher to MAGENDIE, in order to perfect myself in a branch of my profession which, had I the combined talents of all the physiologists that ever lived, I could not learn in Ireland, for there is but one man in all the island who knows this science, that is, Dr. MACARTNEY, the continuation of whose "Sketch" shall immediately appear in THE LANCET.

You will not expect that I should minutely analyse the contents of the Number for June, particularly as you have had the opinion of THE LANCET upon that subject. You will always find some articles in the journals to which neither censure nor blame can be justly applied, such, for instance, as Mr. AMESBURY'S dissertation on straps and buckles for the treatment of fractured patella. A surgeon whose ingenuity would not be capable of devising such simple means as these for every occurrence should at once adopt some other trade. The publications of such inventions (if inventions they can be called) are really a satire upon the profession. Mr. RENSTA'S treatise, on "high feeding" in pulmonary disease, is indeed a very *original* article, and I should expect from this specimen that the writer would be equally singular in his opinions upon any other subject which he might discuss. Should not beef and mutton find a place in the next edition of that most abominable of all books, Dr. DUNCAN'S Dispensatory? Passing over the "Reviews" as invaluable property, I find a series of aphorisms, on "predisposition to disease," by Dr. PARRY. Without any intention to detract from the merits of a man of whom I have heard so much, I must confess, that his sententious observations are either too common-place to add to my knowledge or too sublime for my comprehension. The upshot of his hundred and eleven propositions comes to this, that all the circumstances by which we are surrounded in this world tend to sow in our systems the seeds of that disease by which we must sooner or later perish—a truism that required little talent to establish, and for which, when demonstrated, no remedy, but a total reformation in modern manners, could be offered. I perceive that Mr. BELCHER is determined, like many others, to spend one half of his life in writing what he learned during the other. I fear that no good will come of this young "Trafalgar Doctor," who

seems only intent upon letting the world know that he lives at Bandon, and that he has served in "his Majesty's navy." He assumes in this paper that he has prevented tetanus by opiate dressing. How did Mr. BELCHER ascertain that tetanus would have supervened in his case, had opium not been used? It is the general practice in Dublin to give opium where tetanus is suspected to be induced, but I have seen the practice fail, and that no more than a few days ago in the Richmond Hospital. To prove satisfactorily that there is such a thing as a "preventive," is, I think, all but impossible in medicine. You should, therefore, not lend a willing ear to the syrens who chaunt sweet music on the subject.

The transition from the old to the new Repository is a matter of less difficulty than I was led to expect from your former pompous announcement. It looks well, I own, in its new dress; and if the adage of "pretty feathers make pretty birds" held good in periodicals, as it does in natural history, the Repository would be the best of all medical journals. But, alas! the mechanical far exceeds the mental execution of the work, and your new associates, Connoly and Co., are far surpassed by your paper-stainer. Who are these two gentlemen, James, I never heard of them before? Are they authors of your own breeding, or imported to improve the existing race? I am most anxious to know something of them, in order to be able to appreciate the compliments which you lavish on them in the preface. I first imagined, that the addition of these names to the firm was only "an innocent device" of your fertile genius, until I discovered the traces of a new hand in the opening articles. Was it not ungrateful in you to have adopted the friendly suggestions of my former letter, and neither take me into partnership, nor acknowledge the services I rendered you. There is no denying the fact; even to the destruction of the "snake" you have followed the tenor of my instructions. But at your ingratitude I am not surprized, after the manner in which you threaten to deal with your "Original Correspondents," whom you once used to call your "much esteemed friends," and by all the other endearing appellations of editorial coaxing. No doubt it is well done to get shut of these libellers of common-sense and the healing art, but you might have executed the threat in a more gracious manner to this discarded crew, and without laying yourself open to the imputation of having practised an imposition by selling their trash for so many years. I do not perfectly understand how you are to make it reputable to appear in a journal in which, from your own confession, it was a disgrace to be printed; or how, in future, insertion will imply selection, and must be considered as a test of merit. You recollect Mrs. Glasse's prescription for making hare soup, I suppose; that sapient lady tells you "first catch your hare, then skin it," &c. Now, James, if you should not be so fortunate as to catch the hare, how can you make good soup? Will the mere fact of your pronouncing a cat a good hare give the soup the flavour of this delicious animal? Never; cat-flesh would be so still, though Cuvier himself called it hare: *mutato nomine de te fabula narratur*: the Repository will, therefore, remain the same, though its colour and appearance be changed. Think you, however, that these tawdry ornaments, in which you have swathed our moribund patient, will infuse new vigour into its exhausted system? Impossible; though you were to transfer the tints of the rainbow into the cover of the Repository, or embellish it with all the care that a follower of Mahomet embiazons the sacred volume of the Koran, it would be all to no purpose, while the fabric that supported these gaudy appendages remained unsound,—"nimium ne credo colori," James, "alba ligustra cadunt, vaccinia nigra leguntur." All these decorations are, therefore, thrown away, and only remind the spectator of a "painted sepulchre," or the farewell offerings of a parent strewed upon the tomb of the object of its affection.

Want of space prevents me from examining minutely the body of the work itself, but from a glance at the contents, I fear they are on the wrong side of mediocrity. As to expect instruction from closet composition of this

kind, that is quite out of the question, and I am grieved to say, that the manner of your new workmen makes no recompense for the absence of information. Indeed I have always observed, that the best written articles were those which contained the most practical knowledge, and you may take it as a general rule in estimating the value of such productions, that when you find the manner good the matter will be so too. That first article is an instance in point—"The art of detecting diseases!" In the name of Hippocrates, what did the author of that misnomered tract, in which there is neither art nor nature, propose to himself by writing upon such a subject? Did he flatter himself that by such drivelling, he would inform the young or make the old wiser? The "Art of detecting disease!" a very fascinating name indeed—to teach by verbal description the manner in which Cooper discovers an obscure disease—No, no, James, impossible; Sir Astley himself could not reduce into words that complication of thinking and touching by which he detects the nature of a disease. What folly then to attempt impossibilities? For the love then you bear me, which I hope has not been essened by any little symptoms of jealousy that may appear in this letter, do, James, give the author of this article my compliments, and tell him to choose his subject more judiciously the next time. He may be a very worthy kind of gentleman, but—*non omnia possumus omnes.* Salmonius made a noise, but did not thunder—may your new associate have the good sense to profit by the moral of the fable. A certain want of character renders it extremely difficult to distinguish the compositions of one inferior writer from another, so that I may be in error in attributing the next article to the same hand. However, such a mistake can make no difference, since they are both conceived and executed in a similar manner. "A history of Theories!" What an age we live in; you might as well have given us a history of the fogs of London since the year ONE. To talk gravely over a theory of Stahl, or any other man's theory, argues either stupidity or madness. Are not all theories, past, present, and to come, voted a downright bore by universal consent? The theory, I grant you, might be made very amusing, though not instructive, but, as treated by your "companion in arms," it cannot be tolerated by "gods or men." The only purpose to which such aërial structures can be profitably applied is in filling up the unfrequented recesses of a library. On no account therefore, let your helpmate resume that subject in the same grave manner, for by another such specimen of prosing, my maxillary apparatus would stand in a fair way of being dislocated through excessive oscitation. For me to notice the remaining portion of the Repository would be unnecessary, as I presume you will have the advice of THE LANCET on that head. Indulge me for one moment more; would you believe it, the Royal College of Surgeons in Ireland have at length, like yourself, hearkened to my advice. No later than yesterday, I inspected the plans of a Library and a Museum, for which 7000*l.* have been voted by that body, and if the building be executed according to the designs, it will, I assure you, be not the least conspicuous amongst the many beautiful structures which ornament our city. I have too much magnanimity to indulge, James, in the insolence of triumph; but the fact of the London Medical Repository and the Royal College of Surgeons in Ireland having been *new-faced* in 1825, at the suggestion of an anonymous writer, was too strange an occurrence to be passed over in silence. I intend, however, to move, at the next Quarterly Meeting, that the new Museum and Library be inscribed with the name of THE LANCET, that future ages may know the history of their origin—a resolution which I am sure Mr. Todd will have no objection to second. Deeply impressed with the spirit of that benign annunciation of the Gospel which informs us that there is joy in heaven for the repentance of sinners, I shall conclude by imitating the example, in expressing my cordial approbation of this redeeming act of the College, and assuring you that I am, both sleeping and waking, ever yours,

ENTHUSIUS.

THE MEDICAL MAUSOLEUM.

" We pr'ythee tell us (COPLAND) how dost thou find the inclination of the people, especially of the younger sort?" PERICLES.

ANOTHER splendid *memento* of COPLAND'S glory has issued from the press—an eighteen-months' *series* of his lucubrations has suddenly terminated, and Acheron rolls over another of his bantlings. *Fuit Ilium*, Carthage and Palmyra are no more, and, alas the day! the Medical Mausoleum is closed for ever to its *quondam* contributors, who, because the profession have ceased to encourage the "cemetery," are abandoned and abused by their blundering friend, the high-priest of "the Dead." Is this kind, JAMES? Hast thou discovered all at once, or have we shown thee, that thy "numerous and able correspondents"* are nothing less than "young and inexperienced men, vain, ambitious, and impatient";† and that their "communications," instead of having placed thy "work high amongst the medical productions of the age," form nothing more than an accumulation of *printed records* (who caused them to be printed, Jemmy?) *of little value?*"‡ Well done, "*principal* Editor," prince of blunderers; thou hast, indeed, "fulfilled what was *expected* from thee," and rather more, we presume, than thy "young and inexperienced" contributors bargained for! But, perhaps, thou wilt extenuate, in the language of the poet,

——— Insanus quid enim Ajax
Fecit cum stravit ferro *pecus?*———
Quid ego?

Verily, friend JAMES, you have "leaned considerably to the *indulgent* side," and it is very fortunate that "the business of life will hardly leave" the obliged parties time to thank you "for such an act of ingratitude"!* "The department," we beg pardon, "the *original* department," will henceforth be confined "within narrower limits—insertion will imply selection"—will be considered "a decided *acknowledgment*," (Why, what have you been doing all this time, COPLAND?) and a sort of passport to immortality! The standard of admission is fixed at the specific gravity of lead, and nothing less than a *pig* of that precious metal can be received.

It is somewhat strange, however, that our friend COPLAND should have blundered on so long, especially as he told us, a year and a half ago, (didn't you, JAMES?) that "*conscience* (what is conscience, JAMES?) will betray the defects of the scientific as well as the moral delinquent,"† and certainly a recent example favours the conclusion.

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* "The Editors feel they must look, as heretofore, to the *numerous and able Correspondents* of the work, whose communications have placed it so *high* amongst the medical productions of the age"!!!—Address to the Faculty on the commencement of a new Series. Jan. 1824.

† "The publication of cases of little importance offers *temptations* (what temptations, Copland?) to young and inexperienced men, which the vain, the ambitious, and the impatient can seldom resist."—Copland's Preface to *another* "New Series!" July 1825. How can the young gentlemen who have contributed to the last three volumes of the Repository get out of this? Eh! Jemmy.

‡ "A consequent accumulation of printed records of little value."—J. C.'s Preface, *loco citato*. Was there ever such a *principal* Editor as this?

* "Altogether to exclude communications would be no less than an act of ingratitude to such *valued* contributors."—Preface. He next goes on to say, that "young and inexperienced men" have published cases in the Repository; that they cannot "resist" doing so, &c. &c. And *cui bono*. It is rather too much for an Editor, when unsuccessful, to blame his correspondents, who have done all they can to support him.

† "Want of *confidence* bespeaks other and more important deficiencies; for *conscience* will betray the defects of the scientific as well as the moral delinquent."—Address to the Faculty,

Now, friend COPLAND, although we have for some time past thought fit to criticise both your own and your "original communications," and although it is still an opinion that (bad as the latter were) they were quite good enough for any work which you might edit, we are not disposed to let you pass so easily on the present occasion, (which may, perhaps, be the last,) knowing, as we do, the sophistry which runs through your Preface, and the *actual* reasons which have compelled you to alter your plan. You say, sir, you shall confine "the original department within *narrower* limits." What do you mean, JAMES? Your readers, probably, have the Repositories by them, and can see what "the limits" have been, which are now proposed to be "narrowed;" but, for the benefit of our readers, we shall inform them, that "these limits" have lately extended to no more than six or seven pages, comprising, as the man tells us himself, "an accumulation of printed records of little value." To narrow "the limits" of these "ill grounded and worse conducted" things, is like shooting a dead man; for who does not perceive the Doctor's artifice? Is it not a complete counterpart to the fable of the fox and the grapes? "Printed records of little value"—"narrower limits"—"indulgence"—"decided acknowledgment"—"cases of little importance," &c. &c. quoth this Bulstrode* Doctor, as if the profession could not have known that his "cases were of little importance,"—his "printed records of little value"—his "limits narrower" (for a very obvious reason)—and that many things are "a disadvantage to the medical public"—without his assistance. Well said, "principal Editor," come forth and trumpet thy deeds; tell the public what thou hast been doing, and, as thou art wont, be sure to tell them nothing that they do not already know. Tell them more, if thou can'st, most erudite COPLAND; tell them, not only what thou hast done, but what thou hast *promised* to do, and you cannot fail to procure the applause of all the "best judges of your editorial conduct." The greengrocers and tobacconists will, as usual, laud thee to the skies!

One word at parting, JAMES; (since you are such a stickler for *honesty!*) we would earnestly entreat you not to make *so free* with the "Medical and Scientific Journals of Great Britain," which can neither redound to your interest nor your credit, or prove either "serviceable or acceptable" to your readers (if you have any); and do not pretend to show your reading in Greek, by quoting words from the Clavis Homerica and Scapula's Lexicon, or rest assured you will not be able to reflect on your labours "without shame, sorrow, or regret."

Ne cures ea, quæ stultè miraris et optas,
Discere, et audire, et melliori credere non vis?

Jan. 1824. According to this, then, COPLAND never wanted *confidence* till the first of July instant, at which time his "*conscience* betrayed either the *scientific* or *moral delinquent*." This is proved, or he would still have continued in his old routine, and not have commenced another "so soon to fall"!!! THE LANCET is the thing. Nothing destroys confidence half so soon. What think you, James? Why, according to your own showing, you never had a *conscience* till we took you in hand!

* Communications may be addressed to "Bulstrode-street." J.C.

FOREIGN DEPARTMENT.

ANALYSIS OF FOREIGN MEDICAL JOURNALS.

ARCHIVES GENERALES.

Clinical Observations, tending to prove that the loss of Speech, in many cases, depends upon a lesion of a part of the anterior lobes of the brain; thus confirming the opinion of DR. GALL, *on organs of artificial language.*

WE strongly recommend to the perusal of our readers the following paper, as it is calculated to remove many of the existing prejudices relative to the development of the mind, through the medium of the brain. The

facts cited prove, beyond a doubt, that *one portion* of the brain is particularly concerned in what may be considered as important a faculty as any other, viz. *Speech*. If it can be once proved, that a greater or less degree of disease in this part of the brain influences one faculty, can any doubt remain of other parts of the brain being the media of other faculties, thus constituting a plurality of organs, assignable to the intellectual, sentimental, and animal endowments. We cannot allow this notion to have, as argued by many, an invalidating tendency, the *mind itself* not being the subject of consideration, but the *organization* through which it is to display itself.

Pathological researches furnish additional arguments in support of the truth of phrenology, as the following cases will show. Having premised these few remarks, we proceed to give the substance of the paper referred to:—

There is no physician, of any practice, who has not had frequent opportunities of observing the different errors of the locomotive functions to be referable to a disease of the brain. As to cerebral inflammation and cerebral compression, the one producing spasmodic movements, the other paralysis, more or less extensive. It is rather surprising, that M. Flourens has said, in his work on the "Properties of the Nervous System," that the brain has neither direct or indirect influence on the muscular action. If the mass of facts already adduced are not enough so show this, a little reasoning will easily prove it. A great number of the movements of the body are regulated by the judgment; and will not M. Flourens himself admit, that the brain is the only seat of will and intelligence. Besides, it is only necessary to take a general glance of the anatomical connexion of the brain with the spinal marrow to convince oneself that it must perform an important part in the divers acts which the muscular power performs; in fact, this truth will never be contested by any one who has collected any number of observations of cerebral diseases.

But it is not enough to know, in a general manner, that the brain is indispensable to the production of many muscular movements; it remains yet to determine, if the different parts of which the brain is composed have not each under their influence some particular office; to find out, if there are not many *cerebral nervous centres* apportioned to muscular purposes is the next object. Then, the existence of a plurality of the cerebral organs will become extremely probable, or, rather, strictly demonstrable. It is thus, for example, that a paralysis of a superior or inferior extremity is sometimes seen, attendant on disease of a determinate portion of the cerebral mass.

It has been long since observed, that the disease of the anterior part of the lobes of the brain paralysed the hind legs of animals and the extremities of man, and that the disease of the superior part of the same lobes paralysed the fore legs, and the upper extremities of man. Very lately they have endeavoured to show that the striated and medullary substances situated in the anterior lobe, preside over the movements of the *leg*; likewise that the white substance, the fibres of which terminate at this plexus, that is to say, the *posterior lobe*, over that of the arm. It would be erroneous to suppose that the limbs should be the only parts for the movements of which there exists in the encephalon a particular *centre*. It is thus, in short, with all the organs endowed with voluntary motion; such as the tongue, the eye, and others.

I shall confine myself (continues the Doctor) to the influence of the brain on the movements of the tongue, considered as the instrument of speech, and to those other muscles concurring with it in producing this grand phenomenon. I cannot conceive why it has not before been inculcated, that the movements of the organs of speech depend particularly on a part of the encephalon. To demonstrate this it is required to prove, that the tongue and its associated organs, in the act of speech, can be paralysed separately; that is to say, without other parts participating in that affection at the same time; and that they can pursue the free exercise of their powers, whilst other parts, the

limbs, for example, are deprived of motion. The first point will be to discover the nervous centre which particularly influences the mechanism of speech.

That the influence of a certain part of the cerebrum is *appropriated to the organs of speech is proved by some observations of isolated paralysis of these organs.*

CASE I.

Catherine Thirion, aged 44, of a sanguineous constitution, suddenly lost her speech on the 10th of December, 1822; some time after which she presented herself at the Hospital Cochin. She understood perfectly all that was said to her, but could not utter a single word. She expressed her ideas correctly by writing, by which it was ascertained that she suffered pain in the *forehead*. Irritated by being dumb, she grew impatient; gesticulated with vehemence, and even shed tears. This woman after having been *bled copiously*, recovered, in the course of a few days, the free exercise of her speech.

CASE II.

A woman, aged 54, suddenly lost her speech on the 1st of November, 1817, and came to the Hotel Dieu four days subsequently. She comprehended all that was said to her; but, on endeavouring to answer, she could only produce some inarticulate sounds, a confused noise like to that which is produced by the deaf and dumb. At the same time, she gesticulated with much vivacity, and soon got impatient when she saw she could not be understood; she pointed to her tongue, raised her shoulders, and slunk under the clothes. Her gaiety, however, was not altered, for she laughed with all. The movements of the tongue were easily* performed, as were the motions of the extremities, and the skin had lost nothing of its sensibility.

* That is to say, the movements of the tongue necessary to other acts but that of speech.

CASE III.

M. D., of a lymphatico-nervous habit, received, in 1808, a violent contusion of the head. From it periodical pains in the head resulted for a long time after, which very much increased in 1817. During the accessions, which lasted from 10 to 25 minutes, the patient was forced to bend his head forwards, *could not speak, although he retained his recollection.* He expressed his desires by gestures of the right hand. The pain in the head was deep-seated behind the superciliary ridges. These three cases decidedly prove, that paralysis of the organs of speech can exist alone, independently of any other organs. It would be useless to offer others, as almost all practitioners have had occasion to observe many such cases. Since the movements of the organs of speech can be annihilated, whilst all the others remain, it evidently and necessarily follows, that both are not under the influence of one and the same nervous centre, and that the first has one that especially belongs to it.

From the observations made by myself, says M. Bouillaud, as well as from those by other authors, I think it is in the anterior lobes of the brain that the nervous principle already discussed resides. This I shall endeavour to prove in the second part of this paper.

Second Part.—The cerebral Nervous Centre, which presides over the movements of the Organs of Speech, has its seat in the anterior lobes of the Brain.

If such be the case, it is evident, that to render an animal dumb, it is only necessary to deprive it of the anterior portion of its brain. But here, experimental physiology, that fruitful source of so many valuable discoveries, cannot be called to our aid. Indeed, man is the only animal that really enjoys, in all its richness, the noble privileges of speech, (and certainly it is not one of his least prerogatives,) so that man is even sacred and inviolable from experimental physiology. What shall be done then to resolve the important problem before us? Alas! diseases, which are experiments made on man by Nature

herself, are not less ingenious in their kinds, or operation, than the most skilful physiologists; diseases, still more cruel than experimental physiology, furnish us with but too many elements for the solution of this question. How often does not Nature destroy, by disease, the functions appropriated to the anterior portion of the brain?

Now, admitting for a moment that this portion of the brain is really, as has been before proposed, the seat of the nervous principle presiding over the movements of the organ of speech, it must follow, according to this hypothesis, that in every case where the anterior lobes are affected, the speech must also be equally and reciprocally affected; and more than this, the speech must remain, when other parts than the anterior lobes are diseased. Let us call facts to our support, and see if our opinion is built on a sure foundation.

Before proceeding farther, it will be proper to remark, that two out of the three cases before mentioned have died, and on making the *post mortem* examination, the appearances perfectly coincided with the prediction; in one, *the anterior lobe, at the part which corresponds to the orbitar ridge, was reduced to the consistence of purulent matter; and in the other, the outer and fore part of the anterior lobe was entirely softened, where was also perceived two little effusions of blood.* With respect to the other case, as we had the pleasure of curing her, we could not obtain any examination.

We now come to some new considerations. I shall first present (says M. Bouillard) these cases in which *the lesion* occupied the anterior lobes; these will constitute *positive* argument in favour of the doctrine, and afterwards produce those in which the disease occupied other parts of the brain, constituting the negative *proofs*.

Cases of loss or of alteration of speech, attendant on disease of the anterior lobes of the brain.

CASE IV.

Adelaide Renaufe, aged 40, of a very robust habit, was brought to the Hospital Cochin, on the 28th of October, 1822; for a long time she had experienced pain in the frontal region, and other symptoms of a cerebral affection; at her admission, she presented a sort of profound stupidity, being able only to articulate a few words, the power of doing which gradually decreased, and on the following morning she died. On examination of the brain, the anterior lobe of the right hemisphere was found softened in its whole extent, and so much altered, that the cineritious and medullary substances were blended together into a pultaceous mass.

CASE V.

Francois Rutard, aged 59, was admitted into the same Hospital on the 17th of January, 1822, with a cerebral affection, attended with such difficulty of speaking, that notwithstanding all his efforts he could scarcely pronounce a word; he could only repeat the last words of phrases addressed to him, and grew impatient at not being able to answer: after a few months he died. The dissection of the body brought to view, towards the anterior third of the left hemisphere of the brain, a tumour the size of an egg, of the consistence of boiled albumen, interspersed by some clots of blood, and containing some drops of liquid.*

CASE VI.

Guillaume Lechevalier was admitted into the infirmary of Bicetre, on the 2d of May 1823. He had been treated for a disease, which was regarded as a chronic softening of the brain; he gradually grew worse, until he could not express his ideas but with the greatest difficulty, and to judge from the efforts to express himself, and by his gestures, it would appear that he knew what he *ought to say, but that he could not find words to do so.* Many times he would call a coat a button, and make many such mistakes. This man died some short time afterwards. On examination of the brain, the anterior part of the left hemisphere was found greatly altered, *indurated* and of a yellowish tint; the right hemisphere healthy. It appears

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* Peut-être, dans ce cas, l'alteration de la parole tenoit-elle autant à la lesion du cerveau consideré comme organe de l'intelligence, qu' a celle de ce même viscère consideré comme centre de mouvemens musculaires.

here, says M. B., as in the preceding cases, that the intellectual part by which we fix upon words to represent our ideas had undergone a derangement which concurred to produce the symptoms described.

Three other cases are given to the same effect as the preceding.

Cases of Disease of other parts of the Brain than the Anterior Lobes, with preservation of the Speech.

Four cases are related, in which paralysis of the limbs was present, the anterior of the lobes being quite free from disease, whilst the other parts were more or less injured, the head at the same time continuing perfectly unimpaired.

Having now shown, by facts, that the organs of the muscular movements in general spring from different cerebral centres, we can easily explain a mass of phenomena which, until now, has greatly embarrassed physiologists, and which seems altogether inexplicable, if the idea of a plurality of organs be not admitted as producing the phenomenon of muscular contraction. In rejecting this doctrine, how can we account for stammering, or for dumbness in men, and the absence of speech in all animals, phenomena coinciding with all the force and perfection of other muscular functions? By the existence of a *plurality of organs* all this can be readily conceived. If asked, for example, why lower animals do not speak? we should not reply, as with certain naturalists—that it is because they have not organs conveniently disposed for the articulation of sounds, but should rather say, these animals are deprived of speech because nature has refused to them that internal structure, the cerebral centre, which regulates the movements whereby man expresses, by means of words, the operation of his intellect. Man himself, in the first season of his existence, does not enjoy the inestimable privilege of speech. Yet the tongue and lips exercise their movements with perfect liberty; as is seen in suckling, swallowing, &c. And why this? Because the movement which produces speech and those of suction, and deglutition are not regulated by the same nervous power; because the one, as appertaining to intellectual life, requires education, whilst the other, purely instinctive, stands in need of no such assistance.

What is still further remarkable is, that many persons who have lost the power of speech, have still preserved the faculty of expressing their ideas and sentiments, by other means, as by writing, gestures, and so on. And in some individuals gesticulation has become so active that it might even be called the language of gesture. Since then this exists when that of speech is suspended or destroyed, it follows then the two modes of expression are, to a certain extent, independent of each other, and that they derive their power from different sources. These details, in my opinion, (continues M. BOUILLAUD,) show, that the nervous principle which directs the movements of speech resides in the anterior lobes of the brain; from whence it follows, that in the same part ought to be seated, not only the organ of memory, but the organ of *articulated language*, of which verbal memory forms only a part.

From these remarks it will appear, 1st, that the brain performs an essential part in the mechanism of a great number of movements: it regulates all those which are under the control of the understanding and will.

2dly, There exists in the brain many special organs, each of which has under its influence particular muscular movements.

3dly, The movements of the organs of speech, in particular, are regulated by a special cerebral centre, which occupies the anterior lobes of the brain.

4thly, The loss of speech depends sometimes upon the loss of memory of words, and sometimes upon a loss of the muscular movements by which speech is produced, or, what is perhaps the same thing, sometimes from the disease of the grey and sometimes from the white substances of the anterior lobes.

Such are the conclusions arrived at by M. BOUILLARD respecting the situation of the organ of artificial language, which confirm, as far as they go, the opinion before entertained by Doctors SPURZHEIM and GALL.

IMPROVEMENT OF THE NIPPLE SHIELD.

To the Editor of THE LANCET.

SIR,—I beg leave to suggest to you an improvement of that useful little instrument, the "Nipple Shield, or Suckling Assistant," by which it will be rendered more perfect and simple in its construction, and, I trust, much easier in the application, as well as much cheaper in price, so that the poorest sufferers may avail themselves of its valuable aid.

The principal objection to its present form is, the difficulty of sewing on the teats so close as to create a *vacuum* by the sucking of the infant. The teats shrink without extreme care, so as not to reach and cover the little holes; another objection is, the great trouble of applying and managing the teats by maceration alternately in water and spirits.

To obviate these objections, I suggest, that instead of the little holes to sew on the teats, an *elevated rim* should be formed on the outside near the apex, to tie them on; the vacuum will then be more perfect, and if the rim be made near to the end or point of the shield, the teats, if shrunk and contracted, may still be useful, or a bit of soft leather would answer the same purpose; indeed, I am firmly of opinion, that if the shield were made a little more pointed, and a smooth rim near the end to receive the lips of the child, that the teats may be dispensed with entirely.

It appears to me, that the most suitable composition for them would be strong double flint glass, which I doubt not would support the atmospheric pressure. They might be constructed at a trifling expense, would be applied with ease, and kept clean without trouble. The wooden shields would, I think, be next in utility and cheapness.

If these opinions have not been anticipated, or too hastily formed, and the perfection of this useful invention be practicable, I shall be gratified in the prospect of rendering that most important of maternal duties, the suckling of infants, less painful and irksome than it has heretofore been.

H. B. TURNER,
Apothecary to the Norwich
June 27. Dispensary.

BLEEDING HOSPITAL PATIENTS.

To the Editor of THE LANCET.

SIR,—In perusing your much admired Journal, nothing affords me more solid gratification than the enthusiasm with which you defend the cause of hospital discipline; your several observations have, in many instances, been productive of *salutary* consequences; and although the evils occasioned by the many glaring instances of neglect on the part of surgeons, connected with the various institutions in the metropolis, are not yet entirely eradicated, nevertheless, I trust, by a steady perseverance in the plan you have adopted (that of exposing unpardonable errors) will, in the result, crown your laudable and humane efforts with the happiest success.

The following remarks may appear insignificant to the unfeeling tribe, but every candid mind must admit they are deserving serious consideration. The ancient and modern surgeons have informed us, that in every operation, however trivial, the practitioner should avoid giving his patient unnecessary pain; when this maxim is violated, the only excuse must be want of feeling, or anatomical ignorance. I witnessed a circumstance, a short time since, in which both prevailed; it is customary for the physicians of St. George's, as I believe it to be at other Hospitals in London, to direct their patients to be bled by the dressers of their respective surgeons. The circumstance I here allude to, is one in which a patient was desired to be bled from the jugular vein; the dresser not being able to discover this vessel, behaved in a manner that entitles him to much praise; he referred the case to the House Surgeon. Here I cannot avoid passing the severest censure on the last named individual, who, instead of obeying the dictates of his duty, sent a pupil, remarkable for his puppyism and ignorance, to perform the operation. He had the presumption, contrary to the opinion of three or four well informed young men, who happened to come in at the time, to select a spot, *remote indeed* from the course of the vein; he plunged the lancet in, but no blood followed the

puncture; a gentleman present, seeing his deficiency in anatomical knowledge, directly made a little pressure in the course of the vein and immediately opened it, to the great satisfaction of the poor patient and all present. It is with deep regret, Mr. Editor, I daily witness the event of the sick poor being placed in the hands of inexperienced boys, who are allowed to proceed according to the dictates of their shallow information. What I have related, Sir, are facts, and trust you will find a small space in your columns for their insertion.

I am, Sir,
Your obedient Servant,
VERITAS.

ROYAL COLLEGE OF SURGEONS.

To the Editor of THE LANCET.

LETTER 2.

SIR,—It has often been observed "that arbitrary power, vested in the hands of a few, should always be regarded with distrust, in order to prevent tyranny and usurpation." Many of your readers are not, perhaps, aware, that the Court of Examiners, and Assistants of the College of Surgeons, have for some ages past obtained this supreme power from the legislature. That self-nominated junta, consisting of twenty-one persons, who fill up all vacancies in their own body, can compel between five and six thousand of the members, at large, to conform to laws in the making of which they have not any representation. The author of the Spirit of Laws, when speaking of aristocracy, observes, "that the senators ought not by any means to have the right of naming their own members, for this would be the only way to perpetuate abuses." The truth of this observation is well exemplified in the mal-administration of affairs at the Royal College of Surgeons.

When we explore the annals of this College, we find that former Courts, like the present one, with the exception of one or two individuals, have never been distinguished either for talent or extensive acquirements. And it will be a lasting disgrace, that John Hunter, whom they now laud to the skies, was never, during his lifetime, chosen one of the Examiners. We can discover, at all periods of their history, the same neglect of means for the advancement of science, the same selfishness and insolent arrogance, and, if we look at the events of last year, we shall perceive that the system is unaltered. The spirit which, in the sixteenth century, produced the law, that dead bodies should not be dissected out of the precincts of the corporation, was the parent, in the nineteenth century, of the not less monstrous regulation, that the certificates of a lecturer should not be recognised, unless he be a Hospital surgeon.

What reason can be adduced in favour of this last regulation? Is it that a man is not qualified to teach the structure of the human body, and the rudiments of his profession, without he has paid, as an apprentice fee, some five hundred or a thousand guineas? and gone through the farce of translating Cicero to a Court, of whose members few can read even the title page?

It is difficult to dispel the mists of prejudice, when supported by splendid titles, and high sounding names. Sir ASTLEY COOPER, from whom we expect all that is just, fair, and honourable, is to be found among the guardians of our dignity and welfare. Does he support the present system? As surgeon to the King, he is, ex officio, an Examiner. With such exceptions, in a College properly constituted, the fellows at large have a right to elect and be elected. And this, as in the present case, is more especially necessary, where the elected have the sole command of an enormous revenue. I willingly subscribe with your correspondent, H.M., and protest against the name of 'college' under the existing circumstances. I do not accuse the Court of being profuse in their expenditure, so far, at least, as the members at large and the public utility are concerned; but surely there are some grounds for suspicion where no statement is published, and where the Court appoints its own auditors! All the offices are comprehended under the number twenty-one. Vingt-un, or twenty-

one, is a game at cards, at which the dealer has the advantage; and he sometimes takes double stakes from all who stand the game!

BRUTUS.

COURT OF EXAMINERS, HOSPITAL SURGEONS AND PUPILS.

To the Editor of THE LANCET.

SIR—To compliment you upon the talent displayed in THE LANCET, and the utility of the publication, would only be to repeat the sentiments of one the most enlightened Judges, and one of the best of men this or any other country ever produced. I shall, therefore, without apology, trouble you with a few remarks in common with other correspondents, being convinced that whatsoever is calculated to expose corruption, and consequently correct it, has ever been acceptable to THE LANCET. I perceived with pleasure the statement of several Students respecting the practice of different Hospitals, not that I rejoice in the shame of such persons as are charged with a dereliction of duty to pupils and the hospitals, but reflect with pleasure that an injured pupil has an opportunity of expressing his sentiments, either of gratitude or censure, in a manner likely to be felt by the persons alluded to. There are few gentlemen who are in the habit of walking (or running) through the hospitals, but are aware that the statements of the pupils are founded upon truth; they are desirous of obtaining knowledge from practice as well as theory, and reasonably expect that the surgeons of hospitals will discharge the duty incumbent on them, by explaining the nature of diseases under their care. But the unfortunate pupil, on the contrary, finds that he can scarcely follow in the train of the surgeons, much less the progress of diseases or the result of their treatment, and at the present time, it appears a favour to permit a pupil to inspect their case books. It has been argued in behalf of these gentlemen, that the extent of their private practice rendered the performance of their hospital duty impossible. But to a man of *honour* such a subterfuge would be repugnant to his feelings.

The appointment to an hospital was considered, in former times, as an introduction to private practice; but experience will teach hospital surgeons of the present time how much they are intitled to private practice by the neglect of the poor and afflicted, by a violation of an implied contract between the surgeons and their pupils. In adverting to the proceedings of the gentlemen before alluded to, I beg to except Mr. LAWRENCE and Mr. GUTHRIE, who have, it appears, uninfluenced by example or precept, invariably discharged their duty to their pupils and the hospitals to which they belong. The evil it appears originates in the College, and to such an extent as renders it difficult to say how far it is entitled to the appellation. It has been justly observed by your correspondent H.M. that the narrow-minded principles, by which they appear to be actuated, must eventually lessen the managers in the estimation of every candid mind. I shall just observe a few particulars relative to the laws lately made and enforced by that body. The first law which excited some amusement and a certain degree of indignation was, that the members of the College should not presume to enter the College at the same door the managers had reserved for themselves. *This* measure appeared obnoxious from the circumstance of the members not being convinced of the inferiority of their rank, particularly to the extent inferred by the examiners, viz. that they were unworthy to enter the College at the same door.

This law might not have excited any other feeling but PITY for the infirmity of old age. But when act succeeded act, all tending to degrade the profession and benefit the legislators, it is time to call upon these gentlemen to explain their conduct to the profession and to render an account of the "deeds done in the body." The second act of importance appears to be calculated to prevent gentlemen teaching the principles of their profession, unless they are hospital surgeons. And the manner of electing surgeons to the London hospitals will effectually prevent any person from delivering Lectures on Anatomy and Sur-

gery, however splendid his talents may be, or however extensive his fortune. Thus, it is manifest, that by the prudential act of the College they will secure to themselves, to their sons, and to their nephews, and also to their nieces' husbands, the privilege in future of teaching anatomy; and to the wise legislators the benefit arising from hospital practice, together with an equal distribution of fees arising from the examination of pupils. I have not mentioned the annual alterations respecting pupils, as it is gravely stated that increasing the difficulty of acquiring a medical education is for the good of the pupils. I conceive it will appear from what has been stated, that the supreme government had not inforced a rigorous measure by depriving that body of its Charter. Several applications have been nevertheless made to government to increase their power. But the government of Great Britain, ever alive to the interest and liberty of the subject, perceived the danger, and refused the request to enable them to compel all practitioners of surgery to present themselves before the College for examination. At first sight this request appears reasonable, in as much as persons of the meanest capacity can boast of a diploma from the College of Surgeons; but there is more than meets the eye, and in confirmation of this remark, I shall state, as nearly as my memory will enable me, the remarks in the Medical and Physical Journal upon the same subject, which are as follows: "We are personally acquainted with several of the examiners of the College, and for them we entertain respect; but we should be sorry to increase the power of a few individuals, in as much as the greatest talent might be frustrated. It is by no means unusual for students to cultivate practice among their friends; but woe be to them, if their success reach the ears of the examiners, if such an addition to their power were granted." I merely hope, Sir, you will continue the same examplary zeal in behalf of the profession and the public which has hitherto been manifest in your writings, and when time shall have consigned those legislators to that place whence no traveller returns, the pages of THE LANCET will be perused with a feeling of gratitude and delight.

I am, yours truly,

LIBERTUS.

EDINBURGH PHYSICIANS AND UNQUALIFIED APOTHECARIES.

To the Editor of THE LANCET.

SIR,—As it imports much to the profession whether the laws for its protection be properly enforced, I venture to inquire by what means the legitimate part of the profession are to be secured from the daily increasing numbers of non-qualified persons, in the shape of Edinburgh physicians, and others who pretend to have been in business prior to the passing of the Apothecaries' Act.

Will any of your correspondents suggest a plan for the amelioration of an evil which (perhaps from the little attention paid to it by the Apothecaries' Company) is becoming of *vital* importance to that class of the profession denominated "general practitioners." In a circular letter which I have by me at this moment, I find the following condescension in the shape of a postscript.—"Dr. T.'s attention is to be obtained on the same terms as an ordinary apothecary." This Dr. T. keeps a retail apothecary's shop, and practises, in open violation of the Act, as an apothecary.

I am, Sir, your obedient servant,

AN APOTHECARY.

We recommend our correspondent to apply to Mr. MERRIMAN, who is, we believe, an Aberdeen *Doctor*, or to our friend JAMES COPLAND, or any other *savan* of the "Decad," to all of whom we have no doubt the "condescending" Dr. T. is personally known; indeed, he can be no less than a member of that honourable fraternity.—ED. L.

HOSPITAL REPORTS.

GUY'S HOSPITAL.

Case of Cartilaginous Exostosis.

The following interesting case of predisposition to the formation of exostosis was admitted into the Hospital on the 6th of July, as a patient of Mr. KEY's. The subject of this affection is a healthy looking lad about sixteen years of age; the bony tumours, which are situated in different bones, first began to form about four years since; their progress has been attended with little or no pain; and it was only on account of their inconvenience, that he came into the Hospital for relief.

The principal tumour is on the inside of the right tibia, just below the head, and as it were growing from the inner ridge or spine of the bone; the tumour is very firm and immoveable, about the size of an hen's egg, with its surface somewhat irregular; the integuments appear tense, but the tumour is not at all tender upon pressure, and there is no enlargement or irregularity to be detected upon any other part of the bone.

In a similar situation to the preceding tumour, is one upon the opposite tibia, not, however, of such magnitude; upon the lower and outer part of the radius, just above the styloid process, is another bony tumour; and also another immediately above the head of the ulna. As we have before stated, these swellings are not attended with pain, and, from their particular situation, do not interfere much with the action of the muscles; no treatment has yet been had recourse to. The disposition to throw out an exuberance of bony matter is by no means an uncommon occurrence, and is, probably, connected with some peculiar state of the constitution. In some instances, the disposition to form exostosis has been so great, that a blow upon any bone would occasion the disease. Sir A. COOPER relates some cases of this nature; and Mr. ABERNETHY mentions his having seen a boy who was so much afflicted with predisposition to an exuberant deposition of bony matter, that a very trifling blow would occasion a swelling on any bone of the body." (*Cooper's Dict.*) From the same source we also learn, that the "*highly talented*" Mr. ABERNETHY gave "*muriatic and acetic acids, with a view of dissolving the lime*, which he thought was too abundant in the system!" Mr. COOPER very properly asks, How could the acids be expected to dissolve only the redundant depositions of phosphate of lime, and leave the skeleton itself undissolved?

Sir A. COOPER recommends, in these cases, the exhibition of alterative doses of mercury, with sarsaparilla, and the application of stimulating plasters, as emp. ammoniaci, c. hydrargyri; and it is in this species of exostosis, when very large and inconvenient, that Sir A. recommends an operation to be performed for their removal.

Case of Retention of Urine, accompanied with Extravasation.

William Smith, aged 40, was brought into the hospital on Monday evening 4th July, labouring under retention of urine, with extravasation into the cellular membrane of the scrotum. He stated that he had for some time been troubled with stricture and much difficulty in passing his urine, which was much increased on Friday; on Sunday morning he applied to a surgeon who gave him some strong aperient medicine, and the patient attributes the extravasation to the "forcing down" occasioned by this medicine. When admitted into the hospital, the bladder could be felt enormously distended above the pubis, the scrotum was very much enlarged from the extravasation, and had an emphysematous feeling, at the same time the patient complained of much pain with thirst and quick pulse; a slight attempt was made to pass the catheter, but finding this impracticable, and the symptoms being very urgent, Mr. COOPER determined upon laying open the membranous portion of the urethra, and with this view, the patient being placed nearly in the same position as in the operation for

lithotomy, with a scalpel an incision was made in perinæo, as in the operation for stone; the knife of the operator passed deep down, (we do not know whether he divided any portion of the prostate gland,) a gush of urine denoted that the desired object had been attained, and the patient expressed much relief; a female catheter being introduced into the bladder through the wound, the patient was put to bed; warm fomentations were ordered to be applied to the perinæum and above the pubis; a dose of *the Saline Effervescing Mixture* with the addition of 3 *Drachms of Sulphate of Magnesia* every four hours. Calomel one grain, opium half a grain, to be made into a pill and to be taken also every four hours. The stricture in this case is very firm, and is situated at the anterior part of the bulb, a bougie of very small diameter has been passed, the female catheter is still retained in the perinæum, and the patient is, upon the whole, going on favourably.

The only operation performed this week was, an amputation of the thigh in the case of Exostosis, of which a detailed account has been given in THE LANCET. A few days after our last report the constitutional symptoms became alarming, the patient had an attack of Colliquative Diarrhœa, which very much reduced him, the disease was found to have extended to the cancellated structure of the bone; under these circumstances it was deemed right to amputate, as soon as the patient had rallied a little from the debilitating effects of the Diarrhœa; nothing particular occurred in the operation, (which was very neatly performed,) except that it was found necessary to tie the *Femoral Vein*.

The accidents admitted this week are—a simple fracture of the tibia, ditto of the tibia and fibula; a lacerated wound of the scalp (with concussion), a case of retention of urine, and simple fracture of the femur, with other cases of less importance.

ST. THOMAS'S HOSPITAL.

Case of sloughing of the Prepuce, from violent Inflammation.

J. T., aged 19, was admitted into Job's Ward, on 7th July, with gonorrhœa of a fortnight's standing, and phymosis; he was directed to apply the white wash as a lotion to the penis, and to take purgative medicine.

9th. Upon visiting the patient today, Mr. GREEN found the parts in a high state of inflammation, the cellular membrane of the penis enormously distended, and it has a shining appearance; there is great difficulty in passing the urine. Immediately behind the glans, on the upper part of the prepuce, is a dark, gangrenous spot, of the size of half a crown, and from this a bloody discharge issues; he first perceived this gangrenous spot yesterday morning. The constitution sympathises with this state of the parts; the pulse is quick and somewhat sharp; tongue furred in the middle, and red at the tip; he is thirsty and restless; his previous habits of life have been regular, and he has had a good state of health; he was directed to be bled to eight ounces, and to take a dose of saline effervescing mixture every four hours; the penis to be supported and poultices to be frequently applied.

10th. The venesection has reduced the sharpness of the pulse, and the parts are much easier under the present plan of treatment; the gangrenous slough has extended completely round the penis, and a separation appears to be going on between the dead and living parts, and it is evident the prepuce will slough off.

11th. Much the same in constitutional symptoms as yesterday; the prepuce has sloughed from the upper part, so as to leave the glans penis exposed, which appears healthy; the poultices are frequently applied; he takes the saline mixture, and is ordered to take one grain of opium at bedtime.—(*To be continued.*)

Cases of this kind are of frequent occurrence in the foul wards of this Hospital; a patient has gonorrhœa, attended with phymosis; he pursues his accustomed avocation with the penis hanging down, and probably

indulges freely in porter or spirituous liquors; he comes to the Hospital with the parts in a state of intense inflammation and the penis swelled to an enormous size, and it too often happens that mercury has been exhibited freely; under these circumstances, gangrenous inflammation spreads and destroys the parts with frightful rapidity, and it often occurs that the whole of the penis sloughs, in habits broken up by intemperance, and which have been still further debilitated by mercury.

No operations have been performed this week; and the accidents admitted are mostly unimportant.

BARTHOLOMEW'S HOSPITAL.

Saturday, 25th June, Mr. LAWRENCE performed the operation of depression for soft lenticular cataract on Daniel Clayton, æt. 62. The eye having been dilated with belladonna, previous to the operation, Mr. L. introduced the needle, about three lines from the cornea, through the sclerotica, passing it behind the iris until it could be perceived through the pupil; then inclining the handle of the instrument toward himself, by which its point was directed through the capsule, he detached the lens from its connections and depressed it. The patient was sent to bed; cold cloths applied, and excluded from the light.

26th and 27th. Doing well in every respect; no pain; bowels freely open.

28th. During the night felt violent pain in the eye, and Mr. LAWRENCE, on his arrival, perceived that the iris was in a state of acute inflammation.

Habeat V. S. ad ʒxviij.
Hydr. subm. gr. iv.
Pulv. jalap. ℈j. *statim.*

bowels actively purged with the medicine.

29th. Inflammation of the conjunctiva has produced chemosis; there is now lymph deposited in the anterior chamber and in the pupil; pulse more full, 90; complains of pain in the back of the head.

Habeat V. S. ad. deliq. anim.
Hydr. subm. gr. iij.
Pulv. jalap. ℈j.—*statim sumend.*
Hydr. subm. gr. ij.
Pulv. opii, ½ gr.—*quarta quaque hora.*
Et hirudines, x. to the eye in the evening.

30th. The inflammatory symptoms are abated by the above active treatment, but the lymph still remains; the patient is much reduced, still complaining of slight pain in the eye; ordered to have twelve leeches applied.

July 1st. Eye less painful; the lymph effused into the pupil appears organized, the iris having a reddish brown appearance. Ordered to continue the calomel and opium, and to apply ten leeches to the eye.

2d. The calomel has now decidedly affected the mouth, but without the slightest benefit to the eye. Ordered six leeches to the eye.

3d. Eye continues the same; bowels much purged and griped.

4th. The eye is now evidently gone; the iris is of a yellowish green colour, its edges being tinged with a dirty red, and the pupillary aperture filled up with an adventitious membrane. The chemotic state of the eye is gradually diminishing. Ordered to omit the mercury.

5th. Does not complain of any pain; mouth very sore; ordered to get up.

Mr. LAWRENCE, in speaking of this case to the pupils, remarked, that mercury has not that decided effect in iritis, the result of an operation or mechanical injury, that it possesses when it takes place symptomatically, as in syphilis, &c. He observed also, how necessary it was to pay the greatest attention to the disease, as might be seen in the present case, for although the most active treatment had been here adopted, yet the patient had not escaped with his eye.

Sarah Farmer, æt. 22, was admitted into Sitwell's Ward, under the care of Mr. LAWRENCE, affected with what may be called ichthyosis, at least we are unable to give it any name more appropriate. The disease is confined to the inner side of the right leg and thigh, extending from the foot to the groin, exactly in the course of the absorbents, affording an instance in complete opposition to WILLAN's dicta, viz. that the disease is never seen on the *inner* side of the

leg. In appearance it is similar to a number of verrucæ, covered with a greenish-brown crust, which may be peeled off. In colour it resembles the representations given of it in Dr. BATEMAN's Plates. It is not, however, of that laminated scaly nature described by authors. On the leg and thigh the disease varies from the breadth of one to two fingers, but in the groin it is much more extensive. Close to the side of the labium is a large fungus, which, with the exception of the colour, very much resembles a moderate sized cauliflower; it is oblong in shape; in structure very vascular, and of a dusky-red colour. It seems to be formed by the elongation of a number of the verrucæ; its interesting peculiarity, however, is the total absence of the greenish-brown crust; in the cracks, or fissures, between these elevations, a purulent discharge may be discovered. It is curious to observe the different hues which the numerous verrucæ surrounding the fungus assume in their gradual change from the greenish-brown colour to the vascular red. The disease in the present instance has been congenital, and always remained dormant, as it were, until the change in the groin above mentioned took place, about a fortnight previous to her admission. Mr. L. observed there were only two modes of procedure that could be adopted—the knife or escharotics; the former, he thought, precluded from age. Owing to the extended and irregular basis of the fungus escharotics being free from these objections, she was ordered to have the concentrated nitric acid applied; she had it applied four times, with but little constitutional disturbance, each application being followed by considerable diminution of the diseased growth; but from the idea that it sprung up as rapidly as destroyed, Mr. L. ordered the potassa fusa to be used instead of the nitric acid, and to be applied upon only a small portion of the diseased surface; this not causing such pain, and having the desired effect on the fungus, it was ordered to be applied twice or thrice a week, as the irritation might allow.

July 12th. The potassa fusa has been used once or twice a week, more or less frequently as it excited irritation, up to this time. Yesterday, one or two small pieces were ordered to be snipt off with the scissars. To-day complained of severe pain in the head, succeeded by the three paroxysms of fever, so distinct and severe, as in Mr. L.'s opinion to require large abstraction of blood. Ordered V. S. ʒxxv. and house medicine.—(*To be continued.*)

The accidents this week are—fractures of the skull, clavicle, ribs and clavicle, humerus, radius, olecranon, and thigh and leg; deep cut in the knee; slight case of concussion; severe bite by a dog; fractured jaw.

There have been no operations this week.

MIDDLESEX HOSPITAL.

Case of a wound penetrating the cavity of the Thorax.

——, about 30 years of age, was admitted into the Hospital on Friday, 16th of July, with a wound of the thorax. It appears that he had fallen from a balcony of considerable height upon some iron palisades, and one of the spikes had entered the thorax under the third rib, of the left side, nearly in a line with the nipple; the rib was found to be fractured; air issued from the wound, at each expiration, with a "whizzing noise," accompanied with a small quantity of blood, which was of a florid colour and frothy; notwithstanding these symptoms plainly indicated that the wound had penetrated the cavity of the thorax, and, probably, had wounded the lungs, it was thought *proper* to probe the wound, and it was found to be about six inches deep. The pulse, at the right wrist, was quick and strong: whilst, in the left side, it was feeble, and it appeared as if the left arm was deprived of motion; the extremities felt cold, but there was natural heat about the body.

16. We find his pulse this morning scarcely perceptible; there is great anxiety marked in his countenance; the face pale, and lips of a livid hue; every time he moves in bed, a quantity of blood comes from the wound;

his breathing is very laborious; he lays upon his back with his body bent forward; blood and air continue to issue from the wound; he is much troubled with a cough, and spits up a considerable quantity of blood; the symptoms became so urgent last night, that he was bled very profusely, which had the effect of diminishing the pulse.

Evening. The patient is evidently worse, and the symptoms are such as denote extravasation of blood into the thorax; the respiration is attended with great labour and oppression. The countenance has become exceedingly anxious, cold, and livid; the pulse can scarcely be felt; he continues to spit up blood, and air issues from the wound; there is slight emphysema round the opening; all the symptoms became aggravated, and the patient died a short time after our visit.

No examination of the body has been made, or at least it has been *very private*. The illustrious *Joe* once observed, "There is no use in pulling dead bodies about," and if *ever* bodies are "pulled about" at this Hospital, it is not so much for the sake of affording professional information to the pupils as of supplying Mr. BELL'S Museum. We have no objection to this, but we are disgusted with Mr. BELL'S hypocritical cant, when we hear him in his Lectures insisting upon the necessity of "observation at the bed-side of the patient, and daily noting of cases." Does not Mr. B. know, that such is the "Hole and Corner" work at the Middlesex Hospital, that the present House Surgeon omits to put down the treatment employed in almost every case, because THE LANCET "should not get hold of it?" Are not all the post mortem examinations conducted with the most *profound secrecy?* And, as to "the *daily* noting of cases," the pupils are only allowed to enter the wards three times a week, and then in company with the Surgeons. Will not Mr. JOHN SHAW be *fee*-lingly alive to the interests of the pupils? We can tell him, that if the present system is upheld, his "share of the spoil" will be very trifling.

These remarks are merely made *en passant*; we shall have occasion to speak more fully on this subject. This Hospital is an "Augæan stable," but we will not rest until we have cleansed it of all its impurities.

ST. GEORGE'S HOSPITAL.

Case of Malformation of the Organs of Generation.

Susan Tibbert, ætat. 6, was admitted into this Hospital 14th May, under the care of Mr. BRODIE; has a round irregular tumour, about the size of a hen's egg, on the abdomen, just above the symphisis pubis; it is uncovered by the common integuments. On a minute examination, the mouths of the two ureters may be seen opening within half an inch of each other, in the middle of the tumour; the urine constantly dribbling as it is secreted from the kidnies, so that this red and irritable tumour must be the anterior layer of the posterior part of the urinary bladder, projecting through the parietes of the abdomen; the anterior part of the bladder is altogether deficient; the anus is nearer the pubis than natural; the raphe of the perinæum looks like an old cicatrix, and terminates in a kind of fissure under the tumour, which somewhat resembles a vagina, but on examination was found to be a cul de sac; there is nothing resembling a penis, so that this renders it quite impossible to say whether this living animal be male or female. The object of keeping the child in the Hospital was, to have a mechanical instrument made that would prevent the urine from constantly dribbling on the patient's thighs. This day, July 12, we saw the instrument, which is a piece of tin, with the back and edges of it covered with leather, broad and concave above, so as to adapt itself to the tumour, with a tape in each corner to tie round the belly. It becomes gradually narrower towards its inferior extremity, which bends backwards to lie close on the perinæum. As it descends from the tumour, there is a deep groove to convey the urine to its smaller end, which is somewhat shaped like a funnel; at this end there is likewise a tape to tie behind on the one that goes round the belly. On the funnel extremity there is a screw; to this screw is fixed a gum elastic

bottle, mounted with another screw to fit the former, and admits of being taken off and put on as circumstances may require. When this apparatus is in use, the gum elastic bottle rests behind and between the thighs, and hinders the patient little or nothing in walking. The instrument in *toto* answers the purpose for which it was made very well.

Case of Concussion, H. D.—*Continued from last week.*

July 12. Saw the patient this morning. The nurse says that he continued comatose till about 4 p. m. when he recovered the use of his intellect, and answered questions rationally. He now complains of pain in his head, shoulders, and left arm. His eyes are insensible to light; tongue covered with a brown fur; pulse strong and frequent; bowels costive.

℞ *Haust. Salin.* ʒiss.
Magnes. Sulph. ʒss.
Liq. Ant. Tart. ℥ss.—M. ft. *haust ter die sumendus.*
Lot. contin. capit.

15th. The symptoms becoming more severe, he was cupped between the shoulders to ℥ x., but did not seem to receive much benefit from the operation, and he is this day much worse, but still continues in a state of sensibility, and answers questions distinctly. Bowels open; tongue furred in the centre, but clean at the edges. Cont. Lot.

16th. He has again been cupped to ℥ xvi., and the symptoms much the same as yesterday. Tongue a little cleaner; bowels open; pulse full and soft.

18th. Continues better; still complains of a slight pain in the head; bowels open; pulse natural.

19th. The pain in the head nearly gone; tongue clean; pulse natural, and bowels open; free from danger.

No operations this week.

Accidents admitted this week are—a fracture of the thigh, an extensive burn of the arm and leg, and a few others of little importance.

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